

Jefferson County Board of Education
 Adapted Physical Education
 2100 18th Street South
 Birmingham, AL 35209
 (205) 930-3891

**PHYSICIAN'S PHYSICAL EDUCATION
 RECOMMENDATION**

State any medical conditions which may preclude this student from participating in a physical education program. _____

Instructions: Please check the categories or specific activities which are appropriate for this patient. Return completed form to _____ at the above address. A current release form is on file with your office. Thank you for your assistance in providing an appropriate and continuous physical education experience for this student.

STUDENT'S NAME _____ SCHOOL _____

DISABILITY/COMMENTS(nature of illness) _____

ELEMENTARY SCHOOL

MIDDLE SCHOOL AND HIGH SCHOOL

MILD ACTIVITY

MODERATE ACTIVITY

VIGOROUS ACTIVITY

— ALL ACTIVITIES BELOW

— ALL ACTIVITIES BELOW

— ALL ACTIVITIES BELOW

— ALL ACTIVITIES BELOW

- Walking
- Running
- Jumping
- Hopping
- Skipping
- Galloping
- Leaping
- Bending
- Twisting
- Throwing & Catching
- Volleying
- Dribbling
- Striking with rackets & paddles
- Team Sports (Newcomb, Soccer, Kickball, Basketball, etc.)
- Swimming
- Bowling
- Gymnastics-Rhythm-ball, hoop, etc.
- Gymnastics-Apparatus
- W/C Mobility/Exercises
- Ind. program, FT guidance

- Archery
- Bowling
- Table Tennis
- Any skill drill without running
- Walking (slow pace)
- Golf
- Posture Development
- Horseshoes
- Frisbee
- Stretching Exercises
- W/C Mobility
- W/C exercises

- Volleyball
- Swimming
- Badminton
- Softball
- Weight Lifting
- Folk/Square Dance
- Stunts & Tumbling
- Warm-up Exercises
- Jogging
- Bicycling
- Gymnastics-Balance Beam
- Ball, Hoop, Rope, Floor, Ribbon
- Walking (moderate pace)
- W/C exercises

- Basketball
- Football (touch or flag)
- Aerobic Activities
- Team Handball
- Soccer
- Track Events
- Tennis
- Volleyball
- Field Hockey
- Field Events-Jumping & Throwing
- Gymnastics with apparatus
- Jump Roping
- Field Games
- Wrestling
- W/C Tennis
- W/C Track Events
- W/C Field Events

***Students referred for Adapted PE may not qualify for School Related Physical Therapy**

Comments or additional information _____

- • Permanent Disability
- • Temporary Disability
- Remain indoors
- Dress out and participate
- Dress out and no participation
- Participate and not dress out

From: _____ To: _____

Physician's Signature _____

Date _____

Address _____

Phone _____

*Street _____

City _____ St _____ Zip _____